



**Ashford and St. Peter's Hospitals**  
NHS Foundation Trust

**TRUST BOARD**  
**29<sup>th</sup> November 2018**

<b>AGENDA ITEM</b>	15.3
<b>TITLE OF PAPER</b>	Modern Healthcare Committee Minutes
Confidential	<b>NO</b>
Suitable for public access	<b>YES</b>
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED</b>	
These minutes were reviewed and approved at the Modern Healthcare Committee meeting held on 22 <sup>nd</sup> November 2018.	
<b><u>STRATEGIC OBJECTIVE(S):</u></b>	
<b>Quality Of Care</b>	
<b>People</b>	
<b>Modern Healthcare</b>	√
<b>Digital</b>	
<b>Collaborate</b>	
<b>EXECUTIVE SUMMARY</b>	
	<p>The minutes of the Modern Healthcare Committee meeting held on 18<sup>th</sup> October 2018 are attached for noting. This was the first meeting of the new Committee with its expanded remit. The key points are: -</p> <ul style="list-style-type: none"><li>• reviewed operational performance and noted that the A&amp;E target was not met for Q2. The pressures on delivering the required RTT trajectories were also discussed in depth;</li><li>• reviewed the Trust's workforce report noting the ongoing workforce challenges faced by the Trust and noted that a number of initiatives that were going to be undertaken in an attempt to reverse the current position.;</li><li>• the month 6 financial position was being shown as meeting the NHSI control total target and hence the Trust would be eligible for the full Provider Sustainability Fund finance element for the year to date;</li></ul>

	<ul style="list-style-type: none"> <li>• reviewed the capital programme spend and noted that the forecast outturn had been reduced by £2.6m; and</li> <li>• received an update on the Model Hospital and discussed how data from that, GIRFT and SLR could be used to create a dashboard for ongoing monitoring by the Committee.</li> </ul>
<b>RECOMMENDATION:</b>	<i>Receive and note the paper</i>
<b>SPECIFIC ISSUES CHECKLIST:</b>	
Quality and safety	
Patient impact	
Employee	
Other stakeholder	The impact on stakeholders through the Trust achieving its required financial targets, hence enabling the appropriate investment into services and infrastructure.
Equality & diversity	
Finance	
Legal	
Link to Board Assurance Framework Principle Risk	Financial risks.
<b>AUTHOR</b>	Paul Doyle, Deputy Director of Finance  Please approach for any further information required.
<b>PRESENTED BY</b>	Meyrick Vevers, Non-Executive Director and Committee Chair
<b>DATE</b>	22 <sup>nd</sup> November 2018
<b>BOARD ACTION</b>	Receive



**Ashford and St. Peter's Hospitals**  
NHS Foundation Trust

**TRUST BOARD**  
**29<sup>th</sup> November 2018**

**MODERN HEALTHCARE COMMITTEE**  
**MEETING MINUTES**  
**18<sup>TH</sup> OCTOBER 2018**

<b>PRESENT:</b>	Meyrick Vevers Neil Hayward Marcine Waterman Simon Marshall Tom Smerdon James Thomas David Fluck	Non-Executive Director Non-Executive Director (via conference call) Non-Executive Director Director of Finance and Information Director of Operations – Unplanned Care Director of Operations – Planned Care Medical Director
<b>IN ATTENDANCE</b>	Paul Doyle Suzanne Rankin Colleen Sherlock Andy Field	Deputy Director of Finance Chief Executive Assistant Director of HR, Corporate Services Chairman
<b>SECRETARY:</b>	Nicky Ghahrai	Associate Director of Financial Management

**1. Introductions and Apologies for Absence**

Meyrick Vevers welcomed everyone to the meeting and stated that the meeting was quorate.

**2. Minutes of the Meeting held on 20<sup>th</sup> September 2018**

Minutes of the meeting held on the 20<sup>th</sup> September 2018 were agreed, with an amendment requested by Marcine Waterman for item 4.2 relating to the Urgent Treatment Centre paper, which should read 'The Committee approved the paper to go to the Trust Board subject to the agreed changes'.

NG/PD

**3. Matters Arising – Actions List**

3.1 Actions List

It was noted that there was no item on the October agenda relating to recruitment and retention issues and it was agreed that this should be added to the November agenda.

CS

There was also an outstanding action relating to the Scheme of Delegation to approve tender waivers, which needed to be clarified with the Director of Finance and Information, the Chief Executive and the Deputy Director of Finance.

PD/SM

It was also agreed that for the November meeting an item relating to KPIs and risk appetite needed to be added to the agenda.

PD

All other action points were either completed or on the agenda.

### 3.2 Terms of Reference – Board Approved

The final version of the Trust Board approved Terms of Reference was presented for completeness.

## **4. Operational Performance Report**

The Director of Operations – Planned Care stated that in the report he had focussed on the variances to planned RTT activity and the financial implications of these on page 9.

The September run rate had reduced, although was still above plan. The reason for this was to get ahead with activity before winter and a number of actions were being taken to maintain this. Annual leave, the residue of summer activity and vacancies in TASC management had all affected the September position. Ophthalmology continued to be problematic and activity was being outsourced to two providers and also a number of patients had been transferred to Kingston – this would be their activity.

Clinical priorities were still being dealt with although the Outpatient list was growing, as was the non-urgent waiting list. Two permanent Ophthalmology consultants are in the process of being recruited (locum fixed-term postholders seeking permanent positions) and it was hoped that this would be concluded by December. There were twenty one cataract lists taking place each week, but this could not keep pace with the required volume.

The Director of Operations – Planned Care was also in discussion with a private hospital regarding buying beds but needed to staff these. Beds had been spot purchased for Bariatric and specialist Gynaecology. In addition some elective work was being moved to Guildford Nuffield, for which the Trust provided surgeons, in order to keep waiting times down and activity on plan.

Meyrick Vevers asked how this correlated with the nursing shortage. The Director of Operations – Planned Care responded that Ashted Hospital supplied their own nurses. The Trust was also planning to move as much as possible to Ashford Hospital in Oral and Maxillofacial, and for Paediatric inpatients to be at St Peters Hospital, since this did not impact on adult bed capacity.

The Director of Operations – Planned Care outlined the actions being taken to free up beds, but reiterated that it was not possible to open additional beds due to staff shortages, the impact of this is that A&E performance suffers. Growth is predictable in elective work, but capacity was not matching this.

Marcine Waterman asked for clarification of the overspend on 'Purchase of Healthcare' expenditure within the finance report. The Deputy Director of Finance responded that this related to only the cost of service delivery only and did not reflect the income gained from this expenditure. It was noted by the Director of Finance and Information that Urology was becoming more expensive.

The Cancer two weeks pathway and diagnostic pathway relating to endoscopy were also non-compliant. Weekend lists may be utilised in order to recover these, using external capacity at Chobham and Woking, as our equipment was in use seven days per week, due to increased demand. Meyrick Vevers asked if the increase was due to tests or diagnoses, to which the Director of Operations –

Planned Care said that GP's are told to refer for endoscopy if there is a risk of cancer of 3% or more. The Director of Finance and Information said that planning is required on any future expansion of Endoscopy due to the increased demand.

Referring to the additional items slide on pages 24-25 of the report, the Director of Operations – Unplanned Care stated that the rules regarding Cancer reallocation were changed a couple of months ago. Early referral before day 38 and referral to a tertiary provider were key and that this would not have a material impact on the financial performance of the Trust.

The Director of Operations – Unplanned Care said that A & E performance had been difficult in September, and that the Quarter 2 PSF target had not been met. There were plans in the pipeline to address this including the transfer of Urgent Care Centre services to Greenbrook from 1<sup>st</sup> November 2018 which should help as there were many service issues in the evening.

The other challenge was patient flow relating to Community Services. The Director of Operations – Unplanned Care had been chairing a Committee which was reviewing this and has recruited a deputy in order to ensure discharge services are available, and to ensure discharge planning with partners takes place. Additional capacity in domiciliary care is being provided by Surrey County Council until the end of December. Low priority patients arriving by ambulance were unable to be seen rapidly in the evening, but a reactive new service is planned in the community in order to keep these patients at home wherever possible.

A 'Making Every Day Count' event over two weeks is taking place shortly, whereby discharge dates are set with complex ones reviewed daily, and support given to wards. At the end of each day results are reviewed to demonstrate the impact on quality and discharges.

The Director of Operations – Unplanned Care said that support in respect of A&E performance had been offered by NHSI, although this was not mandated, and an Emergency Care Intensive Support Team had been utilised. Their tools and suggestions had been helpful, but making sustained change was more difficult. Meyrick Vevers asked what were the constraints in domiciliary care, to which the Director of Operations – Unplanned Care said that an agency was having to be utilised due to staffing challenges in Surrey. The Chief Executive said that £4m had been allocated to Adult Social Care in Surrey for winter however this had already been spent.

Marcine Waterman asked if all the outstanding issues had been resolved with incoming Greenbrook service, to which the Director of Operations – Unplanned Care said the terms and conditions were now agreed, mobilisation was taking place on a daily basis, nursing rotas had been done up to Christmas and the medical rotas were in progress, with signage also complete. GPs would need to provide access to their IT systems, but an extended transition period would not be required.

Andy Field said that the Board should get an update at their masterclass in November as they needed to understand how this was working.

The Committee noted the paper.

## **5. Workforce Report**

The Assistant Director of HR presented the Workforce Report for September.

Meyrick Vevers asked how staff could get perspective of the whole Trust position,

to which the Medical Director responded that the Staff Survey showed that wards and teams working well were more responsive and resilient. The Assistant Director of HR said that a new Health and Wellbeing Employee Assistance programme was now in place, the new staff survey was open, and a new 'Employee of the Month' scheme was starting. The Chief Executive felt that data on resilience was not always effective for staff, probably because it was difficult to see the bigger picture when dealing with a ward full of patients.

The Workforce team had been working with the Chief Nurse to allocate all shifts by the end of October, for the period up to the end of December. There had been an increase in the bank fill rate in July to September by 13% (although agency spend had also gone up). The gap in vacancies was closing.

External work on recruitment had taken place, including a North West Surrey wide recruitment event which 80 people attended. Central Surrey Health recruited 10 of these, and a similar event was to take place in the New Year, with shared assessments and a focus on non-registered nurses, and matching candidates to the right setting.

Work had also been undertaken with the Royal Holloway University in order to recruit students to healthcare assistant work on the bank. Around 120 students attended the event and training would be provided in a flexible way – wherever possible at the Royal Holloway in the holidays. Volunteers were also recruited at this event, as many biomedical science graduates hoped to progress to medical school and hospital work experience was useful in this case.

Andy Field asked about the nursing and midwifery up scaled recruitment plan referred to in the report, and about the justification for this, as assurance was required that recruitment was successful as this was a key critical issue in the Trust.

The Assistant Director of HR said that the narrative at the end of the report outlined the assumptions and risks. Numbers of UK recruited staff had reduced, although September and October had seen a reduction in the nurse vacancy rate from 24.3% to 23.8%. It had been found that engaging with candidates at an early stage, before commencement for student nurses and midwives, has been effective as 18 had started in September and 29 in October with no drop-outs. A&E had appointed two nurses although they had hoped for more. Work with the Chief Nurse and the Communications team was ongoing.

The Chief Executive asked if the forecast had been understood, based on capability and the numbers of people required to mobilise recruitment. The Assistant Director of HR responded that a Business Case was being worked on. The plan was to recruit 400 staff until next March, with resources in train not yet agreed and more work required. Neil Hayward said that the Non-Executive Directors would be happy to support this but did want Executives to be assured that it was deliverable, which would include an assessment of the required resources of the Workforce recruitment team.

Andy Field pointed out that as there had been 109 leavers but only 49 starters, this indicated that the retention programme was not working, and that some refinement would be required or further work on mitigation faced with a worst case scenario. The Chief Executive confirmed that the Trust Executive Committee had discussed this last week. The Assistant Director of HR said that the numbers of leavers had not significantly changed, so separate meetings were now taking place with each division. Matrons would now go to induction and meet new starters on the wards; in addition actions were being taken if notice was given.

The Medical Director asked about workforce transformation plans, which should be on the same scale as the medical workforce, but in different areas. Transformation from electronic systems e.g. Pharmacy may impact on staffing requirements. While medical expenditure increases may relate to additional services, exit strategies also needed to be examined. The Director of Finance and Information said that financial risks around retention should be reviewed by this Committee.

The paper was noted by the Committee.

## **6. Finances as at 30<sup>th</sup> September 2018**

### 6.1 Operational Effectiveness/Efficiency Metrics

The Director of Finance and Information introduced this paper by expressing his wish to triangulate the Committee papers, although he was not expecting linkage of all papers as yet. In terms of efficiencies, the Director of Finance and Information said the two biggest challenges in September were around Ashford theatre utilisation and increased outpatient cancellations.

The Director of Operations – Planned Care said that in Ashford, 50% of theatre lists were late starts and also finished early. The booking issue was due to changes in the central booking office, including changes to grades, in addition to staff sickness. There had also been an issue with water being too hot or too cold. Plans were in place to improve all these issues.

At St Peter's Hospital theatre utilisation went up, although there had been management team changes in Surgery and further resources were under consideration for theatre booking as a result.

Meyrick Vevers asked how this correlated to income, as elective procedures would need rebooking. The Director of Operations – Planned Care responded that not enough elective procedures were being booked in the first place; cancellations were tracked on a daily basis and the rate had gone up since changes in the booking office. Volunteers were now calling patients the week and day before their procedure. A 'date given' system was now being used, but this was not patient centred and was wasting theatre slots. The Director of Operations – Planned Care confirmed that the aim was for theatre utilisation to be around 80% going forward.

The Committee noted the report.

### 6.2 Capital Report

The Director of Finance and Information reported that with regard to the capital programme, internal priorities have changed since the beginning of the financial year and additional expenditure had been agreed to partially offset delays, particularly to the decked car park and associated build. Any additional spend will require business cases as appropriate. Currently capital programme slippage of £2.6m is being reported to NHSI.

Meyrick Vevers enquired as to the downside, to which the Director of Finance and Information responded that the main risks were normally around medical equipment and backlog maintenance, however the current changes were around the paediatric assessment unit and the decked car park/commercial development. Andy Field asked if educational activities were impacted by the proposed extension of the education centre at St. Peter's Hospital. The Director of Finance and Information responded that, whilst training may have to be moved elsewhere temporarily, in the

longer term the extension would revert to educational use, for example e.g. meeting/training rooms, so they would have a larger space to utilise.

The Committee noted the report.

### 6.3 Finance Report

The Director of Finance and Information confirmed that the quarter 2 financial control target had been met, earning that element of the Provider Sustainability funding. However the second quarters Provider Sustainability funding was impacted by the loss of the performance element relating to the A&E target which had been missed.

Marcine Waterman asked if the reduction in MSK work would impact on the waiting list and the Director of Operations – Planned Care confirmed that this was the case. The Director of Finance and Information confirmed that some of the costs of the service were in outsourcing (non-pay) due to the nature of the service delivery, although he was keen to understand the overall cost of the service.

The biggest risk in the forecast related to land sales. It would be necessary for the Optivo agreement to come to fruition in order to mitigate risk. Currently the Business Case was still under discussion, as it needed to deliver the right result for elements of the capital programme. The target date to finalise this was the end of November. The Quarter 4 position would be dependent on the West Site sale.

The Director of Finance and Information said that NHSI had requested commitment, before it could be taken to the Trust Board, to a revised control total as part of a 2 for 1 incentive PSF scheme offering. The Director of Finance and Information felt that this was too early in the financial year and that he needed to do a risk and opportunity review before proposing any changes to the forecast. NHSI may require a decision by next Friday (26<sup>th</sup> October 2018). Meyrick Vevers said that it would be imprudent to count the land sale profit before it happened and in commercial organisations this would not take place. It was agreed that the Director of Finance and Information would update the Trust Board at its meeting to be held on 25<sup>th</sup> October 2018 where any decision would be approved.

SM

Andy Field said that a reduction in agency spend may be required in order not to impact the Trust's overall risk rating.

Andy Field also wished to understand the financial impact of both risks and opportunities. The Deputy Director of Finance confirmed that this would usually be available from Month 7 onwards.

PD

### 6.4 – PSF Updated Guidelines

The paper was noted by the Committee.

## **7. Strategic Finance**

### 7.1 Model Hospital Update

The Director of Finance and Information introduced the suite of new Committee papers – one of the things going forward would be how we get all of these into one as they relate to different time periods. This particular paper was a scene setting paper that needed development.

Meyrick Vevers said that the links to the Model Hospital dashboard were useful, but



felt it would be helpful to have a dashboard highlighting the underlying issues across the four Divisions, probably on a quarterly basis. The Director of Finance and Information said that some indicators did require a longer time period in order to provide a meaningful review and a filter was needed for some data.

The Medical Director said that savings should not be the key driver, this should be clinical improvement and harm reduction. The Director of Finance and Information concurred that this does need to be agreed with clinicians.

The Chief Executive said that the Executives needed to agree the operating model and subsequent accountabilities, and this is being lined up at Trust Executive Committee. Andy Field commented that it was not possible to do it all together, so prioritisation will be required.

Marcine Waterman stated that she felt that a combination of financial and clinical drivers should be taken into account, and was keen to see the Director of Finance and Information's recommendations and dashboard for KPIs. Marcine Waterman agreed to the conclusions and next steps within the paper and suggested that an update be brought back to the January 2019 meeting. The Director of Finance and Information agreed and would move it along off-line in the intervening period.

SM

The paper was noted by the Committee.

#### Items 7.2 – 7.5

These items were deferred due to time constraints.

### **8. Identification of key financial risks**

#### 8.1 Key Points to Take to Trust Board

The Committee noted the following for discussion at Trust Board:

- Year to date results and forecast including the loss of quarter 2 A&E PSF income.

### **9. Items for Information or Approval**

#### 9.1 Schedule of Business

Marcine Waterman asked if a Commissioner Contracts Review could be undertaken at the next meeting, along with a review of financial risks.

PD

#### 9.2 Tender Waivers > £50k

It was noted that there were no tender waivers over £50,000 during September 2018

### **10. Any Other Business**

There was a question as to whether it was necessary to increase the length of meetings as it was likely that fewer would take place each year. The Chief Executive asked for views on this matter to be sent to her.

### **11. Date and Time of Next Meeting**

22<sup>nd</sup> November 2018 at 08.30am in Room 2, Chertsey House, St. Peter's Hospital.